

**U.S. House of Representatives
Committee on Standards of Official Conduct**

**PRIVATELY-SPONSORED TRAVEL APPROVAL FORM
For Members, Officers and Employees
(submit directly to the Committee)**

This form should be completed by House Members, officers or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule XXV, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer or employee, together with the completed and signed Private Sponsor Travel Certification Form.

*Members, officers and employees seeking approval for travel are urged to submit all forms to the Committee at least **30 days** before travel is scheduled to begin. The failure to provide the Committee with adequate time to review the form and attachments may result in the invitee not receiving approval for the trip. The submission of an incomplete form will delay the review process. A copy of this form will be made available for public inspection. Please type form. **Form (and any attachments) may be faxed to the Committee at (202) 226-7172.***

1. Name of Member, officer or employee (traveler): _____
2. Sponsor(s) (who will be paying for the trip): _____

3. a. Dates of travel: _____
b. Will you be extending the trip at your personal expense? ☐ Yes ☐ No
If yes, dates at personal expense: _____
4. If travel is for participation a one-day event (per trip sponsor question 10), check one of the following:
a. Approval for one-night's lodging and meals is being requested: ☐ or
b. Approval for two-nights' lodging and meals is being requested: ☐
If "b" is checked, explain why the second night is warranted: _____

5. Travel destination(s): _____
6. Explain why participation in the trip is connected to your official or representational duties:

7. Private Sponsor Travel Certification Form is attached, including agenda, invitee list, and any other attachments (*signify "yes" by checking box*): ☐

8. I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: _____

Name of Signatory (if other than traveler): _____

For staff, name of employing Member/Committee: _____

Office address: _____

Phone number: _____

Email address: _____

Committee staff may contact you if additional information is required.

FOR STAFF:

TO BE COMPLETED BY YOUR EMPLOYING MEMBER:

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Signature of Employing Member

Date: _____

If there are any questions regarding this form please contact the Committee:

Committee on Standards of Official Conduct
U.S. House of Representatives
HT-2, The Capitol
Washington, DC 20515
(202) 225-7103 (phone)
(202) 225-7392 (general fax)
(202) 226-7172 (fax for travel approvals)

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